

CLAIMS ONLY						Application Number		Filing Date		
						Applicant(s)		10-696947		
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1						51				
2						52				
3						53				
4						54				
5						55				
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42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total	6					Total				
Indep						Indep				
Total	7					Total				
Depend						Depend				
Total	13					Total				
Claims						Claims				